PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/071.571 TRANSMITTAL Filing Date February 8, 2002 For FY 2009 First Named Inventor CHRIS HAMILTON Examiner Name Dazenski, Marc A Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2621 TOTAL AMOUNT OF PAYMENT 1,110.00 (\$) Attorney Docket No. 081674-0249773 METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card | None Other (please identify): 033975 Deposit Account Deposit Account Number: Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 140 110 100 50 70 Plant 220 330 170 110 165 85 Reissue 330 165 540 650 270 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 390 195 Multiple dependent claims **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or frac Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Three-Month Extension of Time 1.110.00

SUBMITTED BY				
Signature) Craps (Wise	Registration No. (Attorney/Agent)	31,204	Telephone 213.488.7584
Name (Print/Type)	Roger R. Wise			Date March 25, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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			For FY 2009

Effective on 12/08/2004.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,110.00

Complete if Known					
Application Number	10/071,571				
Filing Date	February 8, 2002				
First Named Inventor	CHRIS HAMILTON				
Examiner Name	Dazenski, Marc A				
Art Unit	2621				
Attorney Docket No.	081674-0249773				

METHOD OF PAYMENT (check all that apply)							
Check Credit	Card	Money Order	None	Other (please identify)):	
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1. BASIC FILING, SEA	RCH, AND FILING		SEARCI	H EEES	EYAMINIA	TION FEES	
	5	Small Entity		Small Entity	9	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FE	2. EXCESS CLAIM FEES Small Entity						Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (52 220	26 110
Each independent cla Multiple dependent of		including Keissi	aes)			390	195
Total Claims	Extra Clair	ms Fee (\$)	Fee P	aid (\$)		-,-	endent Claims
35 - 20 or HP =	EXITA OIGH	X 100101	=	-14.141		Fee (\$)	Fee Paid (\$)
HP = highest number of tota							
Indep. Claims 4 - 3 or HP =	Extra Clair		Fee Pa	<u>aid (\$)</u>			
4 - 3 or HP = HP = highest number of inde	pendent claim	X s paid for, if greater th	_ =				
3. APPLICATION SIZE	FEE						
If the specification and							
listings under 37 C						ill entity) for e	ach additional 50
sheets or fraction the Total Sheets	hereof. See Extra Shee	: 35 U.S.C. 41(a) ets Numbe	i(1)(G) and er of each a	d 3 / CFR 1.1 additional 50 c	: 6(S). or fraction the	ereof Fee (\$	Fee Paid (\$)
- 100 =		/ 50 =		round up to a v			
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specifi	•		-				
Other (e.g., late filing surcharge): Petition for Three-Month Extension of Time							

SUBMITTED BY			
Signature	in Nepay (. Wis	Registration No. (Attorney/Agent) 31,204	Telephone 213.488.7584
Name (Print/Type)	Roger R. Wise		Date March 25, 2010

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